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ABSTRACT

This Kids Count fact book is the fourth to report on the well-being of children and youth in the District of Columbia. The report's Executive Summary presents overall findings, and the bulk of the report presents trends in eight areas: (1) economic security; (2) family attachment and community support; (3) child day care; (4) homeless children and families; (5) child health; (6) deaths to children and teens; (7) safety and personal security; and (8) education. The report also discusses general population trends affecting the district's children; comparisons among the district's wards; district systems reform since the last report; recommendations to improve outcomes for the district's children, and indicator definitions and data sources. The report's findings indicate that about half of the district's children receive their sole support from welfare. The unwed birth rate declined for the second straight year to 66 percent, with about 15 percent of children born to teenagers. Paternity and child support court cases declined, while child abuse and neglect cases increased slightly. About half of mothers received adequate prenatal care in 1995. The number of low birthweight infants and the infant mortality rate declined for two years, but are still about twice the national level. The number of teen violent deaths decreased slightly. Juvenile cases increased by two percent. There have been no significant improvements in third or eleventh graders' mathematics achievement since 1989, and both have declined in reading achievement. The graduation rate fell to 48 percent in the years since 1995. Head Start enrollments have plummeted since the 1992-93 school year. (KB)

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# EVERY KID COUNTS
## in the District of Columbia:

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The D.C. KIDS COUNT Collaborative for Children and Families is a unique alliance of public and private organizations using research to support advocacy for change in human, social and economic policies and practices of government, the private sector, families, neighborhoods, and individuals. Its mission is to fight for the interests and well-being of children and families and to ensure their healthy development and future in the District of Columbia. An organizing goal of the Collaborative is to build a strong and serious child and family support movement in the Nation's Capital.

Since the formation in 1990 of the Collaborative's predecessor organization, the Coalition for Children and Families, over 80 individuals and organizations representing a broad and diverse group of advocates, service providers, government policy makers, universities, fraternal and volunteer organizations, and local citizens have been a part of the group.

The Collaborative supports a comprehensive approach to community building, but focuses its research and advocacy efforts on family attachment and community support, economic security, health, education, and safety and security.

**D.C. KIDS COUNT Collaborative**
**Partner Agencies**

**D.C. Children's Trust Fund**
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Data collection, analysis and evaluation
Production of publications

**Children's National Medical Center**
Media/data dissemination
Public education/awareness

**The Community Partnership for the Prevention**
**of Homelessness**
Collection, evaluation and dissemination of
information about best models and practices
Development of quality standards and measures

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# EVERY KID COUNTS
## in the District of Columbia:
## 4th ANNUAL FACT BOOK

kids count

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# Purpose of the Fact Book

This fact book is the fourth annual report produced by the D.C. KIDS COUNT Collaborative on the lives of children in the District. The purpose of the annual fact book is to provide data about the well-being of children in the District of Columbia and to place the statistics within a meaningful context. The majority of the indicators reported herein were selected by the Annie E. Casey Foundation and the Center for the Study of Social Policy to mirror those reported in the National KIDS COUNT Data Book that Casey produces annually. D.C. KIDS COUNT has expanded the original list to include additional indicators that are relevant to the District of Columbia.

This publication provides a broad view of the status of children and youth in the District. We seek to inform our readers about the issues affecting children and their families in the District and to encourage community residents, professionals and others who work with and on behalf of children and families, policy makers, and other adults to work to create conditions that foster the optimal health and development of our children.

As usual, we stress the importance of family and community in the lives of our children. We at KIDS COUNT believe that an approach based on systems theory is needed to affect real change in the District. Accordingly, children, families, communities and government institutions are viewed as an integrated whole. Thus, malfunction in one area impacts the entire system. In devising solutions to the problems facing children in the District, the interactions and relationships among and between the components of the system must be understood and the systemic impact of any changes considered.

We hope that community leaders will use this report, in conjunction with previous reports, for formulating strategic plans and policies that support children and families in the District. We also hope that the fact book will serve as a catalyst for service providers, business leaders, the local government and community members to begin to collectively address the issues brought to light.

# Executive Summary

This year's fact book presents data from 1995 and 1996, and contains the most current data available on the selected indicators of child well-being. The figures reported here may not match those reported for the District of Columbia in the 1997 National KIDS COUNT Data Book for the following reasons: 1) our data come primarily from agencies of the District Government, while the national book employs data from Federal agencies which may use different data collection methods; 2) our fact book focuses on 1995 and 1996 data whereas the national book employs 1994 data.

A number of the indicators of child well-being improved for the second year in a row in 1996. This is a hopeful sign, although we must be cautious in interpreting it. One reason for caution is the passage of the "Welfare Reform Act of 1996," which will radically change the system of public assistance to families with dependent children that has existed for six decades, and will affect thousands of children in the District of Columbia. This law also brings reductions in Food Stamps and Medicaid, ends child care entitlements, and makes other major reductions in the current "safety net". The Children's Defense Fund has estimated that over 5,500 children in the District will become poor due to the requirements of this law. Many children who were already poor will become poorer.

Following are some of the facts revealed by the data in this report:

## Economic Security

- The number of children in families receiving AFDC benefits declined in 1996 for the first year since 1990. Still, about half of the children in the District received their sole support from welfare.
- The premise of the "Welfare Reform Act" that welfare can be replaced by gainful work will be difficult if not impossible to achieve in the District. The city has lost more than 60,000 jobs since 1990, and virtually no new jobs suited to the low skill levels of most poor residents have been created.

## Family Attachment and Community Support

- 56 percent of D.C.'s children do not live with their fathers.
- 66 percent of births in D.C. are to unwed mothers. While far too high, this rate is down sharply for the second straight year. It was 73 percent in 1993.
- 15.5 percent of children in D.C. are born to teenage mothers. Here too, the rate is down for the second year. It was 17 percent in 1993.
- Court cases alleging paternity and demanding child support have also declined for two years in a row.
- Child neglect cases are up slightly.

## Child Day Care

- The number of licensed child development slots, which had been declining earlier in the decade, increased by a bit over one percent between May of 1995 and March of 1996.

## Child Health

- The adequacy of prenatal care in the District has improved to the point where in 1995, a 51 percent majority of mothers received prenatal care that was defined as "adequate".

- The number of low birth weight babies (i.e., those weighing less than 5 1/2 pounds) declined for the second straight year in 1995 to its lowest level since 1986. Still, at 13.5 percent, it was nearly twice the national level.

- The infant mortality rate decreased in 1995, confirming that a gradual though fluctuating downward trend was continuing. But here, too, the rate was about twice that of the nation as a whole.

- Through the end of 1996, 144 D.C. children under 12 had been diagnosed with AIDS. Of these children, 65 had already died and 79 were still living. Virtually all AIDS among young children is acquired from the mother while the child is still in the womb.

- In 1995, 282 young people in the District died before reaching their 20th birthdays. The most hazardous ages for youth are under one year (145 deaths) and 15 to 19 years (93 deaths).

## Safety and Personal Security

- The number of violent deaths to teens decreased slightly, for the second straight year in 1995 from 88 to 86. Nonetheless, the number remained much higher than in any year prior to 1989.

- Of the 86 violent deaths to teens, 78 were due to homicide.

- Juvenile cases referred to D.C. Superior Court increased by two percent in 1996, breaking a decline that had begun in 1991.

- "Acts Against Public Order" (largely narcotics offenses) are the most frequent crimes of which juveniles are accused, accounting for 36 percent. Property crimes (mostly auto thefts) are second with 33 percent, and crimes against persons are third with 27 percent.

- The number of child abuse cases rose in 1996. Children under one year of age are the most frequent victims of neglect and abuse.

## Education

- Neither third graders nor eleventh graders have shown significant improvement in mathematics test scores since 1989. Third graders' scores have declined.

- Both grades have had decreasing scores in reading.

- The longer pupils stay in the D.C. Public Schools, the more poorly they perform. In most subjects, third graders perform above or close to the national norm, but by the 11th grade their scores have fallen well below the nation's.

- The graduation rate, which for years has hovered not far above the 50 percent mark, fell in 1996 to 48 percent.

- Early Childhood Education is one of the few exceptions to an otherwise bleak situation, but is threatened by limited resources. Head Start enrollments have plummeted since the 1992-1993 school year.

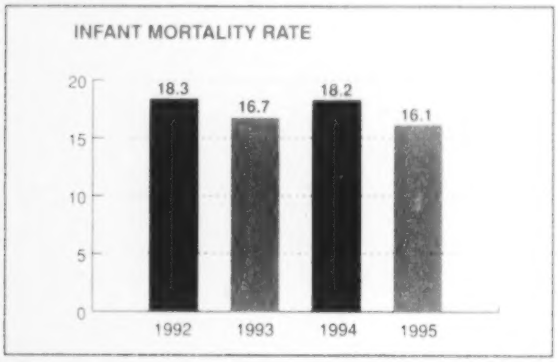
# I. CHANGES IN THE LIVES OF D.C.'s CHILDREN SINCE OUR LAST REPORT

The D.C. KIDS COUNT Collaborative is pleased to present this 1997 report on indicators of child well-being in the District of Columbia. Several of the indicators that are tracked in the Fact Book have improved since our last report — many of them for the second year in a row.

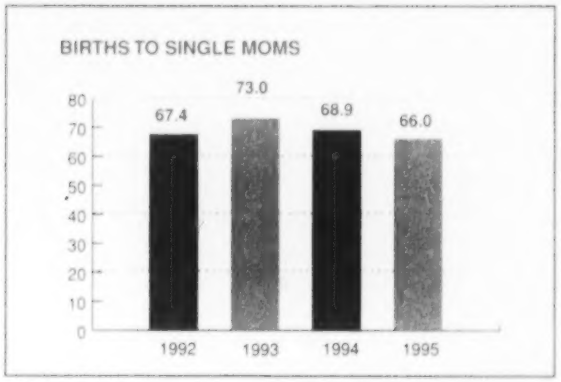
While we should be encouraged by the positive changes made, it is too early to assume that these changes are part of a long-term improvement in the lives of the D.C.'s children. Only several more years of consistent improvement can assure us that what we are seeing is real improvement and not a statistical aberration or short-term shift.

## Since our last report:

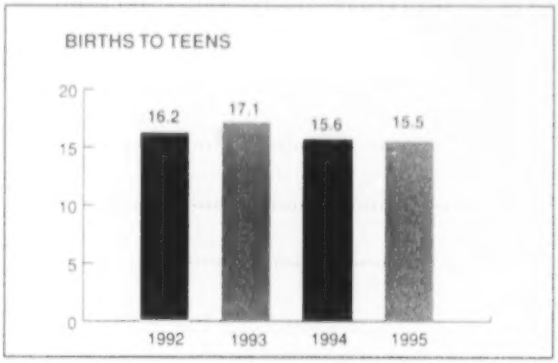
- The infant mortality rate, which had risen in 1994, dropped in 1995 to 16.1 deaths per 1,000 births — below its 1993 level. In recent years the rate has fluctuated, but the overall trend has been downward. This year's level is the lowest since at least 1982.



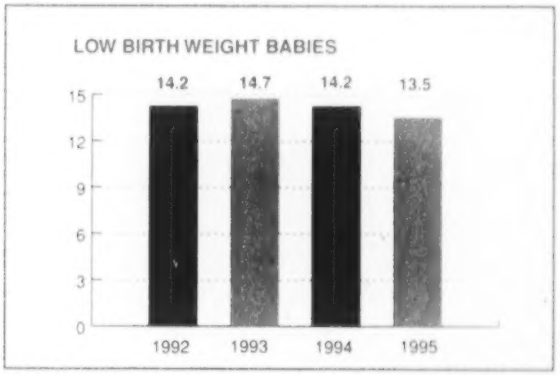

- This year the percentage of births to single mothers continued downward, reaching 66.0 percent of all births. In 1994, the percentage had declined after reaching an all-time peak in 1993. It will take several more years of the same before a trend is established.



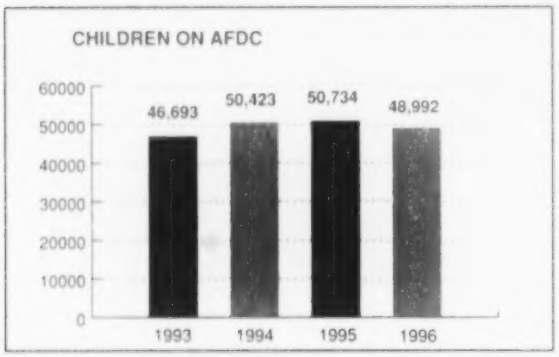

- For the second consecutive year, births to teenage mothers decreased slightly to nearly one birth in six or 15.5 percent of all births in 1995. In 1994, teenage mothers accounted for 15.6 percent.



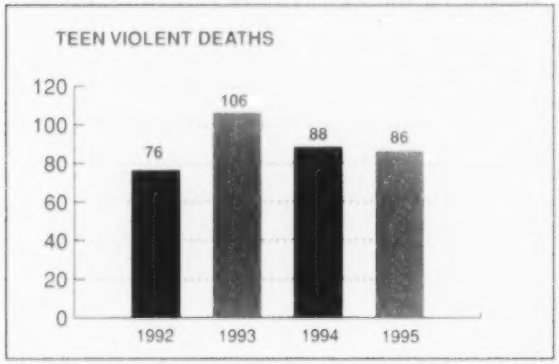

- The percent of infants born with a low birth weight (below 5 1/2 pounds) decreased in both 1994 and 1995. In 1995, it decreased to 13.5, the lowest level since 1986.



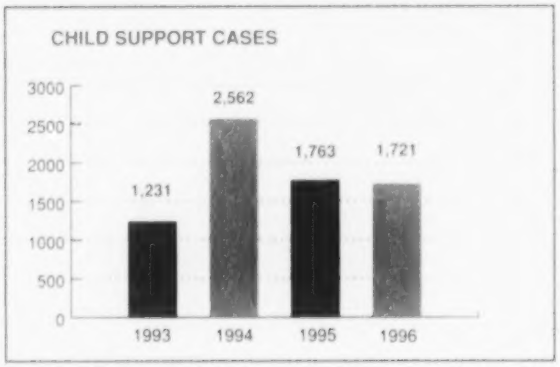
◆ In 1995, the number of children receiving AFDC reached an annual average of 50,734 — the highest level since 1981, when the child population was much larger. In 1996 the average dropped to 48,992.




◆ The number of violent deaths to teens dropped sharply in 1994 to 88, after reaching an all-time high of 106 in 1993. In 1995 the number declined again to 86. The vast majority of these deaths were due to homicide.




◆ Child support cases filed with the D.C. Superior Court totaled 1,721 in 1996. This was a slight drop from the 1995 number, which in turn was lower than the 1994 figure.



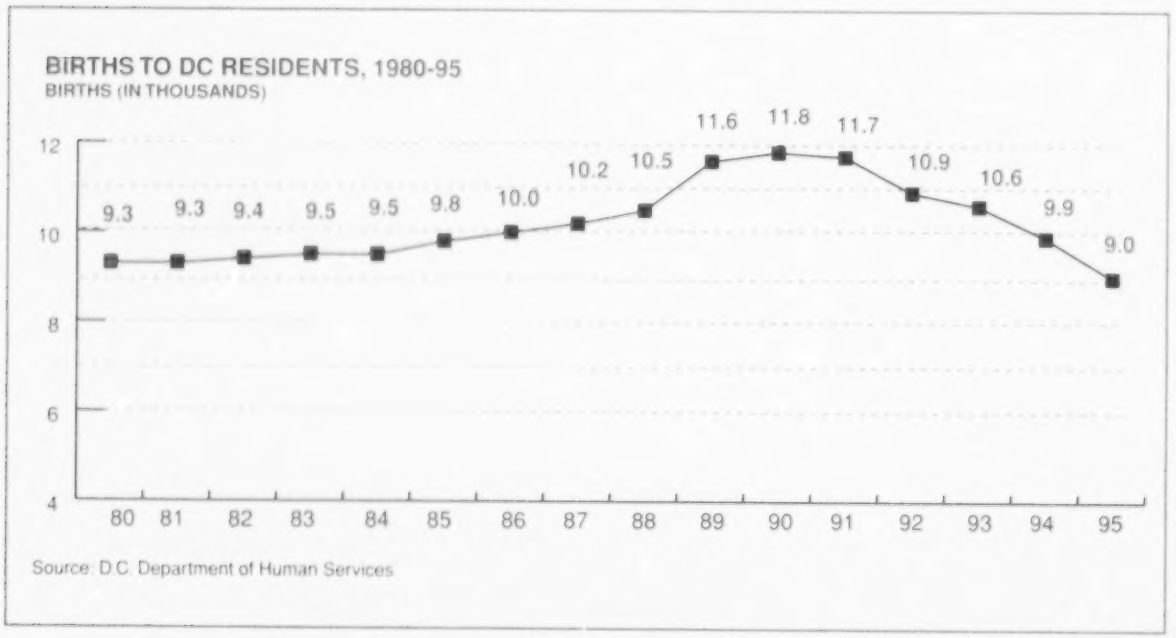
## A. GENERAL POPULATION TRENDS THAT AFFECT THE DISTRICT'S CHILDREN

The number of births to D.C. residents has declined to below the 1980 level.

One of the few consistent trends in the indicators we track has been the decline in births between 1990 and 1995. The number of births to D.C. residents peaked in 1990 at 11,806 and has decreased every year since. The 1995 number — 8,993 — is the lowest since 1980 and represents a decrease of 24 percent since 1990.

In part the decline may be the result of a national trend of decreasing fertility. In the late 1980's, U.S. births began to increase in what some took to be a second "baby boom," although it was short-lived, peaking in 1990. Since then, the number of births declined nationally by 6 percent through 1995, compared to four times that amount in the District.

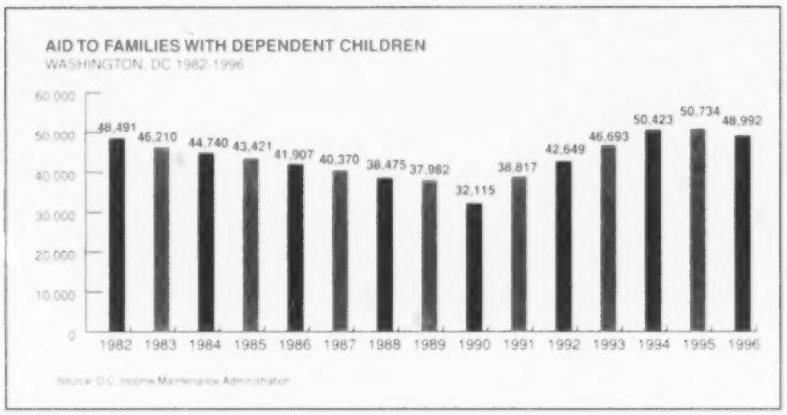
The principal cause of the District's downtrend appears to be the large-scale exodus of families in the childbearing age range to the suburbs, which accelerated in the mid-1980's. While both population and the number of births declined in the District between 1990 and 1995, the decline in the number of births was more rapid. In fact, the loss in population was 9 percent, only about one-third as great as that in births. This fact is probably related to the concentration of the population decrease mainly among younger middle-class families.




Source: D.C. Department of Human Services

## B. ECONOMIC SECURITY

The number of children in families receiving AFDC benefits has begun to decline for the first time since 1990.




In fiscal year 1996, the number of children whose families received AFDC payments averaged 48,992. This represents a decline of 1,742 children — over three percent from the previous year. It broke a continuous up trend that began in 1991 and added nearly 19,000 children to the rolls by 1995. Last year we estimated that about half of the children remaining in the District received AFDC. Despite the recent decrease, that estimate still holds.

Due to changes in welfare legislation, further decreases in the number of children who receive public assistance are imminent. The "Welfare Reform Act of 1996" limits the time period for which a family can receive benefits and requires the head of household to find employment. In order for this plan to move families from dependence and poverty to independent living, adequate work opportunities that match the skill levels of those seeking gainful employment must be made available and education or training to improve skills for the types of jobs that are available must be provided. (See Part II. B. of this report for the status of welfare reform legislation in the District.)

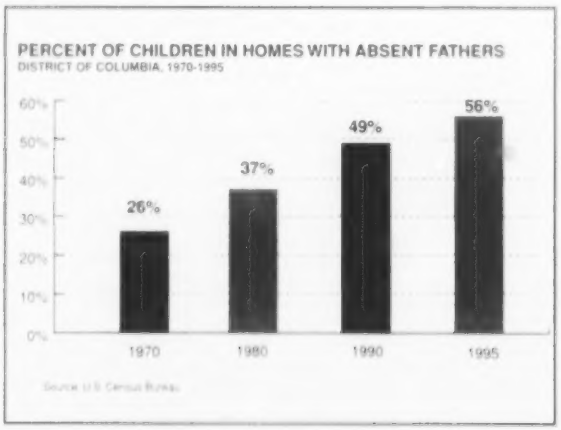
Although the District of Columbia has more jobs than people (616,000 jobs, 543,000 people), most of those jobs are filled by people who live in the suburbs. Only 243,500 of the District's 616,000 jobs are held by D.C. residents. Moreover, D.C. has lost more than 60,000 jobs since 1990, and virtually no new low-skilled jobs have been created. There exists an imbalance between the skill demands of the District's job supply and the job skills of those seeking work. The available jobs tend to be professional or technical. Even in the suburbs, new low-skilled jobs are quite limited at this time.

Over the years there have been many creative efforts to redress this imbalance, through job training, economic development, and programs to transport low-income workers to suburban job opportunities. The District has been a national leader in providing child care to enable mothers to work. Nonetheless, unless welfare reform can address these employment issues more effectively, living conditions for the District's poor children will worsen in the years ahead.

## C. FAMILY ATTACHMENT AND COMMUNITY SUPPORT

### 1. Over half of D.C.'s children are now growing up in homes where the father is absent

Over the past quarter-century, the percentage of D.C. children who do not live with their fathers has risen steadily — from 26 percent in 1970 to 37 percent in 1980, then to 49 percent in 1990, and to 56 percent in 1995. The latest level, as measured by the Census Bureau, is two percentage points lower than in 1994. The majority of the District's children do not reside with both parents. About 46 percent live with their mother only and three percent live with their father only. About ten percent live with someone other than a parent — typically a grandparent.



## 2. The percent of births that are to single mothers has declined for the second straight year.

In 1995, 66 percent of all births to residents of the District, or nearly two-thirds, were to unmarried mothers. This represents a substantial decline from the peak in 1993, when the figure was 73 percent or nearly one-fourth. It first passed the 50 percent level in 1975. From that year through 1993, there had been only four years in which the percentage declined. In 1994 the rate decreased by fully four percentage points to 69, and, in 1995, dropped another 3 points to 66 percent.

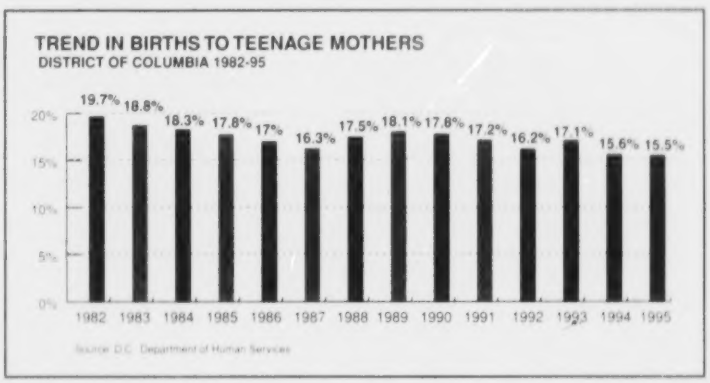
This is an impressive decline and may mark a definitive shift in the long-term trend — which continues at this writing. However, at least two more downward years are required to establish this for certain. Once before, in the mid-1980s, there were two down years in succession, but the percentage turned sharply upward the next year.

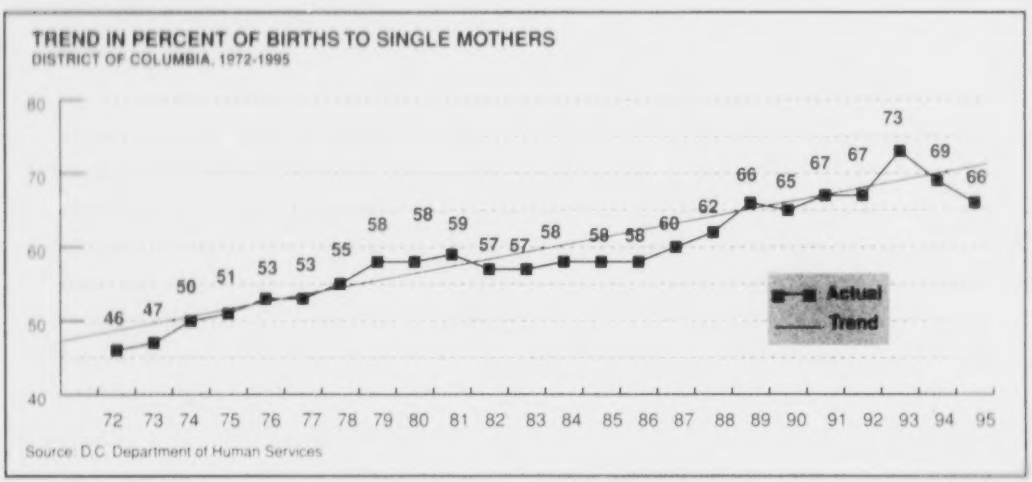
Children who reside with single parents — in this case mostly mothers — are considered "at-risk" for several reasons. The foremost reason is lack of support, both financial and emotional. Single parents must play both the role of caregiver and financial provider for their children.

## 3. Births to teenage mothers have declined for the second consecutive year.

Babies born to mothers age 19 and under declined by .1 percent to a level of 15.5 percent of all births in 1995, marking a further decline in a figure that had already reached its lowest point since at least 1982.

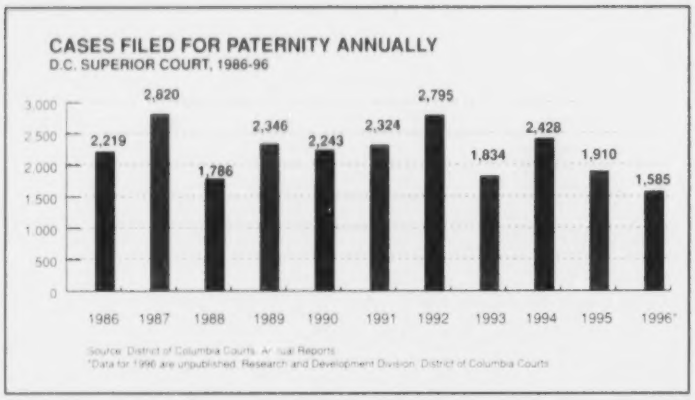
From 1982 through 1987, births to teenage mothers steadily decreased. This number increased in 1988 and 1989, then began to decline again in an irregular pattern from 1990 through 1995. With one exception — a rise in 1993 — the trend has continued downward since 1990.



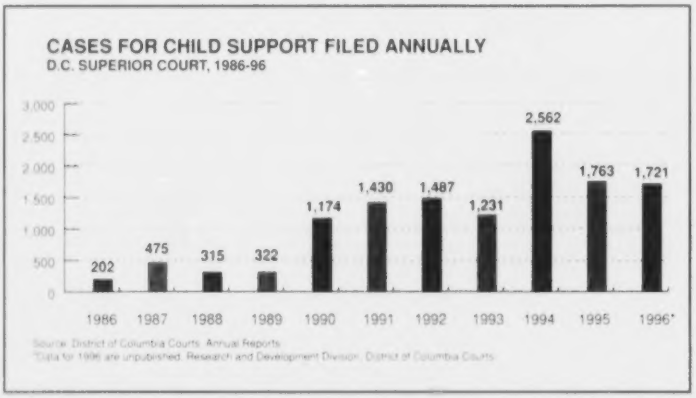
### 4. Paternity cases have decreased for the second consecutive year.

In 1996 the number of paternity cases filed with the D.C. Courts — 1,585 — decreased to its lowest level since 1986. Although large year-to-year fluctuations in the number of paternity cases have been the rule, this marks not only the lowest level in more than a decade but also the first time during that period that the number has decreased for two years in a row.




### 5. Child support cases have declined slightly, also for a second time.

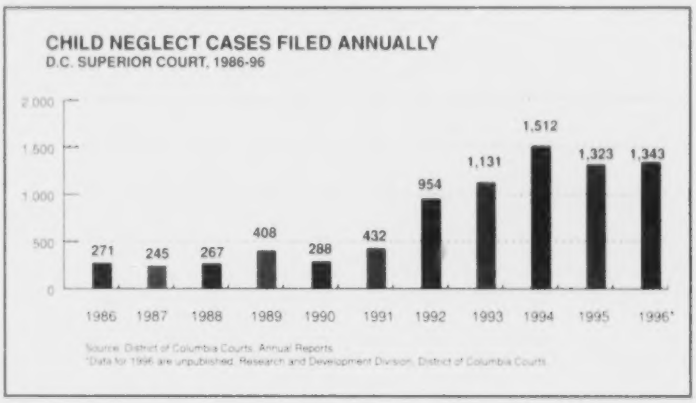
Child support cases filed with the D.C. Courts, which had dropped by 31 percent in 1995, decreased by another 2 percent in 1996 to 1,721. In spite of the decrease, the number of child support cases filed remains above any number registered prior to 1994.




### 6. The number of child neglect cases has increased slightly.

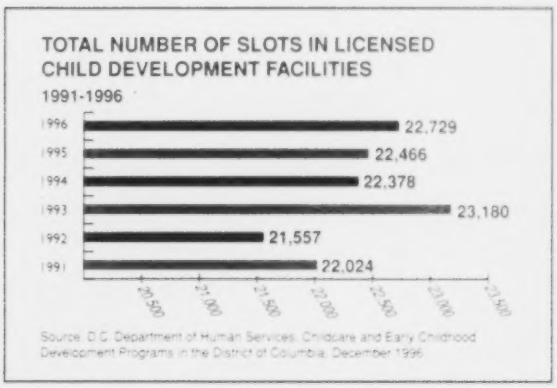
The number of child neglect cases filed annually in the D.C. Superior Court in 1996 increased by 2 percent over the 1995 figure — from 1,323 to 1,343. Although this figure is 11 percent below the high of 1,512 reached in 1994, it remains greater than in any year prior to that.

Note: The data reported here are collected by the court system which maintains a reporting system that differs from that of the D.C. Department of Human Services. For DHS figures on child neglect, see Part II, Section B. of this fact book for child neglect figures reported by the Child Welfare Receiver's office.



## D. CHILD DAY CARE

After declining earlier in the decade, the number of slots available in licensed child development facilities has increased slowly. As of March 1996, there were 22,729 slots in licensed child development facilities. This was up from 22,466 in May of 1995. The increase amounted to 263 slots or a little over one percent.




## E. HOMELESS CHILDREN AND FAMILIES

According to the Community Partnership's *1996 Report to the Community*, approximately 52 percent of the homeless population at any given time in the District of Columbia are women and children. In 1996, 1,406 families applied for shelter at the Virginia Williams Family Resource Center — the point of central intake for families into the public shelter system — with an average of over 100 new applicants per month. A total of 3,367 children passed through the doors of the Family Resource Center in 1996.

The average family size was 3.3 people, which in most cases represented one adult and two children. 96 percent of the families applying for shelter were headed by a single mother, and 92 percent of families received AFDC as their main source of income. Household heads who did not graduate from high school represented 76 percent. Approximately half of the mothers applying for shelter had their first child under the age of 20. 90 percent of families applying for shelter were staying with family or friends at the time of intake, and only 1 percent were living on the street.

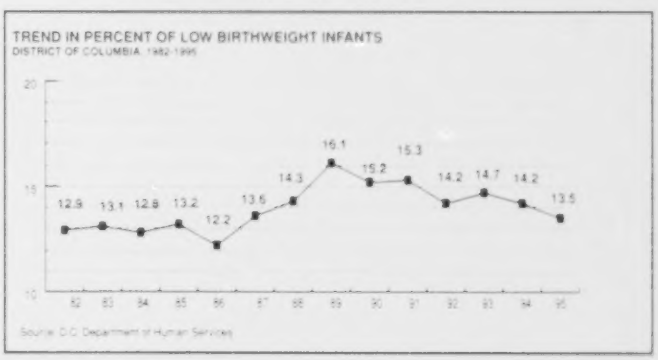
## F. CHILD HEALTH

There are encouraging signs that improvement may be occurring in conditions affecting children's health in the District. Efforts to improve prenatal care appear to be having an impact.

### 1. The percentage of low birth weight babies has declined.

A closely-watched indicator of children's future health prospects is their weight at birth. A newborn infant who weighs less than 5 1/2 pounds is more likely than a newborn weighing more to die before its first birthday and to face continuing health problems if it lives past that time.

The number of low birth weight babies peaked at 16.1 percent of all live births in 1989. Since then the trend has been somewhat irregular, but slightly down overall. This year's level of 13.5 percent is the second straight decline and the lowest since 1986. However, it still represents almost twice the national rate of 7.2 percent and is well above the 9 percent average rate reported for the top 50 American cities in the Casey Foundation's City Kids Count Data Book. The improvement probably results, at least in part, from an increase in the number of women receiving adequate prenatal care.

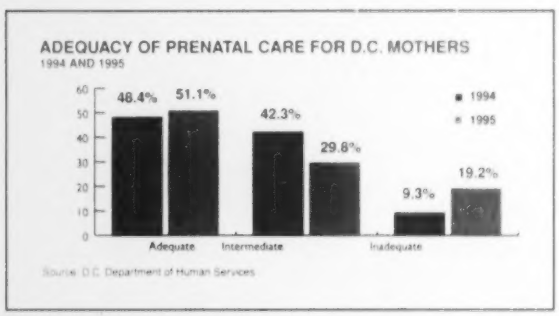



### 2. In 1995 the adequacy of prenatal care in the District improved to the point where a slight majority of mothers received prenatal care defined as "adequate".

The adequacy of a mother's prenatal care is usually determined by a somewhat complex method that takes into account how soon after conception prenatal medical care was initiated, as well as the number of prenatal visits she had in relation to the length of her pregnancy. In general, a woman's prenatal care is defined as adequate

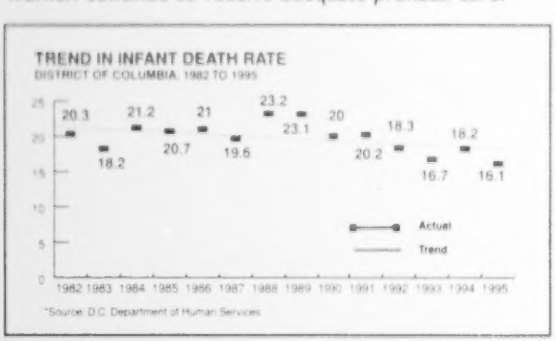
if it was initiated in the first trimester and, if her pregnancy lasted the full nine months, she had at least nine visits. Pre-natal care is closely linked to low birth weight and infant death.

The percentage of mothers receiving "adequate" prenatal care increased from 44.8 percent in 1993 to 48.4 percent in 1994, and to 51.1 percent in 1995. This change is beginning to look like a true positive trend. Unfortunately, the percentage of mothers who received "inadequate"prenatal care or none at all more than doubled from 9.3 in 1994 to 19.2 in 1995. Thus, while the majority of mothers in the District received "adequate" prenatal care in 1995, the percentage who received inadequate prenatal care increased from 1994 to 1995.




### 3. The infant mortality rate decreased in 1995, confirming continuance of a gradual downward trend.

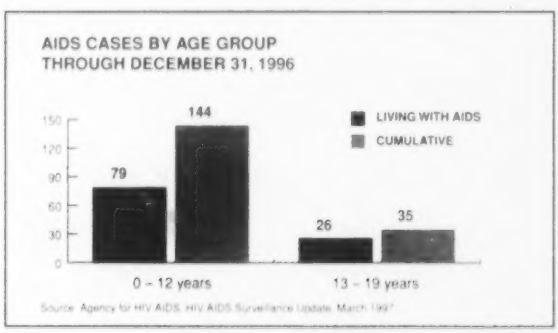
In 1994 the infant mortality rate (the number of deaths to babies 1 year of age and under per 1,000 live births) rose from 16.7 to 18.2. At 16.7, the rate had been the lowest since at least 1982. 1995 saw the rate decrease to 16.1 per thousand, another new low for the District of Columbia. Over time the trend has clearly been downward. This is consistent with the downward trend nationally, which currently stands at approximately 8 percent. There is reason for hope that this trend will continue. Whether it does will likely depend on whether women continue to receive adequate prenatal care.

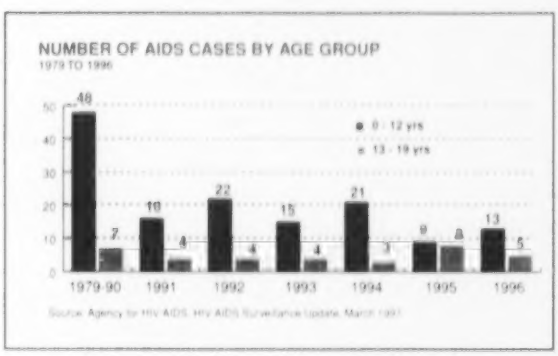



### 4. AIDS is a growing threat to the District's children.

Through the end of December 1996, 144 cases of AIDS had been identified among children 12 years of age and under. Of this number, 65 children were deceased, and 79 children were living with the disease. In the 13-19 age group, 35 cases had been identified, 26 of whom were still living.

In all years of data collection to date, pediatric AIDS cases have occurred more often in the 12 and under age group than in the 13-19 age group. The reason for the preponderance of cases in the 12 and under age group is that most AIDS cases in this age group have been perinatal AIDS cases, i.e., the virus was contracted from the mother while the child was still in the womb. In the period 1979-1990, 48 cases of AIDS were diagnosed in children age 12 and under. There were 42 cases of perinatal (mother-to-child) AIDS during the same period. In most years thereafter, all or nearly all of the AIDS cases diagnosed in children 12 and under were perinatal AIDS cases.



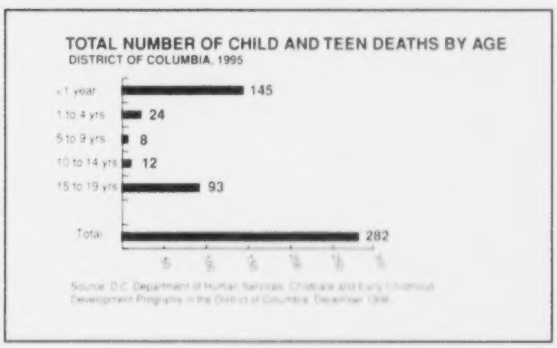



## G. Deaths to Children and Teens

Childhood is a dangerous time for children and teenagers in the District. In 1995, 282 young people died before reaching 20 years of age.

The most deaths occur in the age groups of under one year (145 deaths) and 15 to 19 years (93 deaths). Only 44 of the 282 deaths occurred to other age groups.

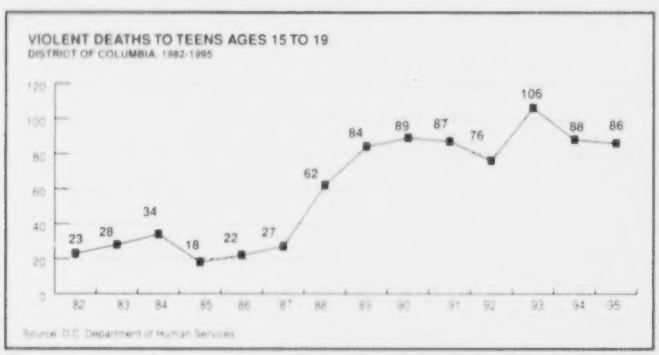
For children under one year of age, low birth weight and the health and developmental problems that accompany it are a contributing factor. Abuse is sometimes a cause as well. In the 15-to-19 age category, violent causes predominate.

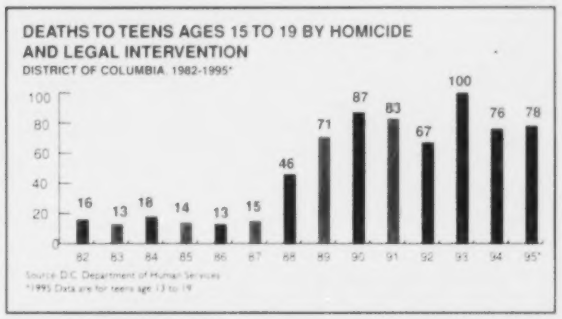



## H. Safety and Personal Security

### 1. Violent deaths to teenagers decreased slightly.

Violent deaths to teens decreased for the second consecutive year in 1995, but only slightly — from 88 to 86. This followed a much greater decline in 1994 from 106 to 88. In spite of the decline, the number of violent deaths remained much higher than in any year prior to 1989, when they generally numbered less than three dozen.

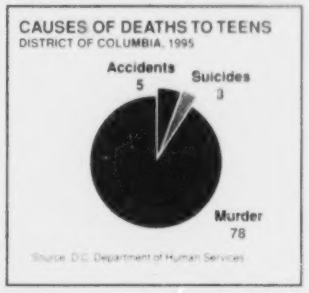



### 2. The number of teenagers murdered increased slightly.

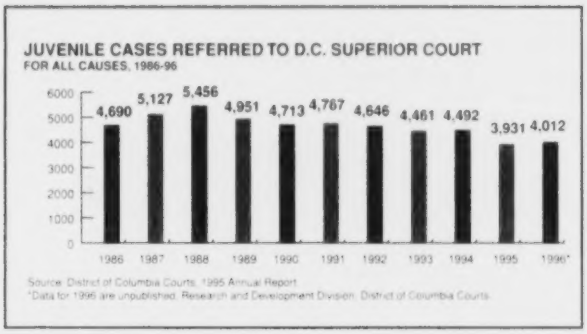
At the same time that violent deaths from all causes were declining, deaths due to homicide and "legal intervention" (i.e., death at the hands of police) actually increased. In this case, also, the change was small. Murders increased in 1995 by 2 to 78. The number of murders in this age group continues to be much higher than the number of murders to teens before the emergence of crack cocaine in the District in the late 1980s.

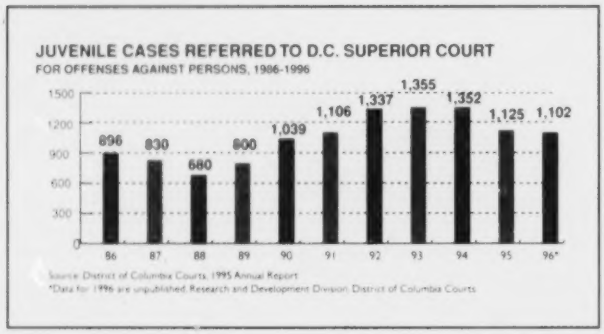
Murder remains by far the greatest cause of violent deaths to teenagers in D.C. In 1995, 78 of the 86 teen violent deaths in the District were due to murder. This figure represents 91 percent of the violent deaths of teenagers, up from 86 percent the year before. Only 8 of the violent deaths resulted from accidents and 3 from suicides. Accidents and suicides were the major causes of death to teenagers prior to 1988.




### 3. Juvenile cases referred to D.C. Superior Court for all causes increased slightly.

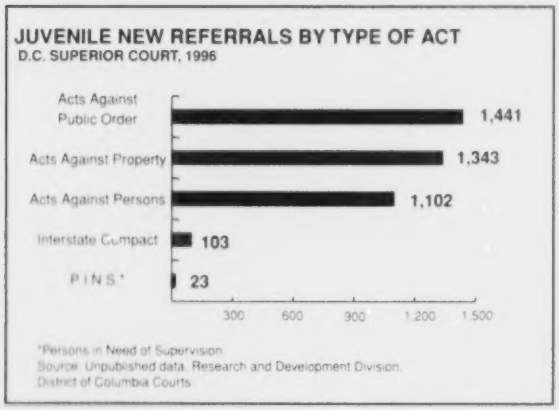
The number of cases against District juveniles referred to Superior Court had been on a gradually decreasing but somewhat erratic trend from 1988 through 1995. In 1995 it dropped sharply to 3,931 — 12 percent below the lowest previous year for which we have statistics. In 1996, however, the number of cases rose again to 4,012, a 2 percent increase.




### 4. "Acts Against Public Order", largely narcotics offenses, are the most frequent crimes of which juveniles are accused.

There were 1,441 "acts against public order" for which juveniles were brought to the D.C. Courts in 1996. More than half of these involved narcotics, and many involved weapons charges. Second in frequency was property crimes, with 1,343 cases. Two-thirds of these were auto thefts. Crimes against persons came in third with 1,102 cases. Of these, 72 percent were assaults. Robberies represented 23 percent.

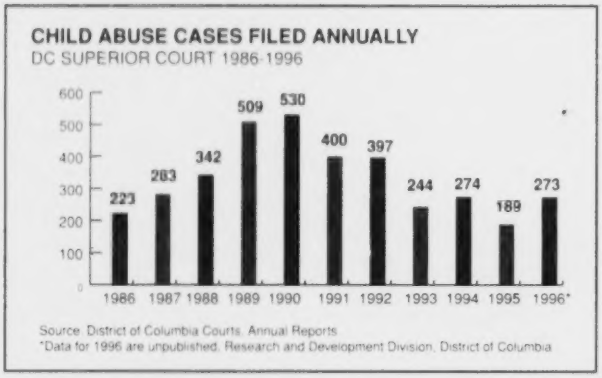



### 5. Juvenile cases for offenses against persons decreased slightly.

While the total number of cases which brought juveniles before the Superior Court increased somewhat, the number that involved allegations of harm to other persons actually declined slightly. As a result, the number decreased for the third year in a row.

### 6. The number of child abuse cases rose.

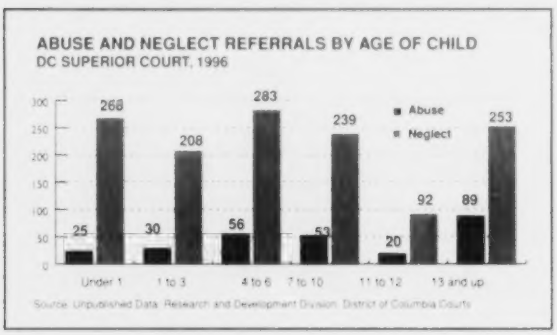
The number of child abuse cases filed with the Courts has declined since 1990, when it reached a peak of 530. The 1995 total —189 — represented just 36 percent of the 1990 number. In 1996, the total jumped to 273. The 1996 increase does not necessarily mean an end to the general decline in the number of child abuse cases filed annually. Child abuse cases also rose sharply in 1994, and then retreated even more the next year. In 1994, however, the increase was not as great as it was in 1996.




### 7. Children under the age of one year are the most frequent victims of neglect and abuse.

In 1996, 268 D.C. children under one year of age were involved in court cases alleging neglect. This number was up somewhat over 1995, when it was 247. The only age category that had a higher number in 1996 was the 4 to 6 year old group, with 283 cases. However, since this category represents three ages and the under-1 category represents only one age, there is actually a larger number of under-1 cases than any other single age.

The total number of abuse referrals is much smaller than neglect referrals. Again, babies under one year of age — 25 cases — have the highest rate of referrals when measured on a per-year-of-age basis.




### 8. Even where children are not the targets of domestic violence, they still are harmed by it.

In November of 1996 the D.C. Courts established a new unit specifically to deal with cases of domestic violence. All cases of violence within families were transferred to the new Domestic Violence Unit at that time — a total of 867 cases.

A child who witnesses violence directed at a parent may suffer trauma of a psychological nature that can be as damaging as physical harm.

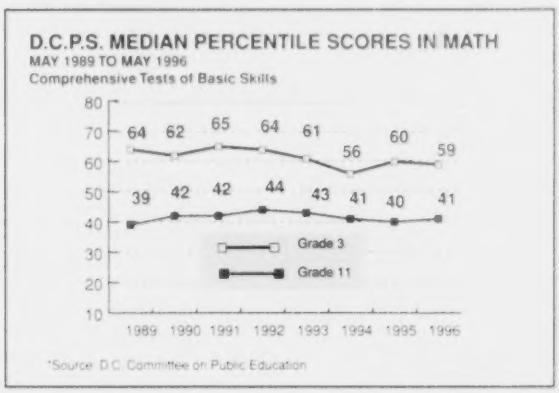
## I. EDUCATION

Children are not faring well in the D.C. Public Schools.

### 1. Third graders' scores in math declined slightly in the 1995-96 school year, while 11th graders registered a small improvement.

The average 3rd grade score on the Comprehensive Tests of Basic Skills taken in March of 1996 was lower than the preceding year's score by one point, while the 11th grade score in 1996 was up by an equally small amount. Neither grade has shown substantial progress since 1989, which is the first year for which we have these statistics. The 3rd grade's score is five points lower, while the 11th grade's is two points higher.

Third graders in the D.C. public schools performed above the national norm in mathematics. D.C. children performed at the 59th percentile compared to the national norm, which is the 50th percentile. By 11th grade, however, they were performing only at the 41st percentile in math.

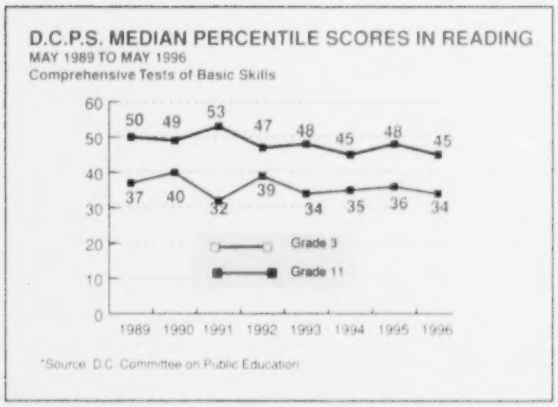

D.C.P.S. MEDIAN PERCENTILE SCORES IN MATH
MAY 1989 TO MAY 1996
Comprehensive Tests of Basic Skills
64 62 65 64 61 56 60 59
39 42 42 44 43 41 40 41
Grade 3
Grade 11
1989 1990 1991 1992 1993 1994 1995 1996
*Source: D.C. Committee on Public Education

### 2. Reading scores in both the 3rd and 11th grades are lower than the previous year's.

In 1996 the District's 3rd grade performed at the 45th percentile in reading, 5 points below the national norm. 10th grade students scored only at the 27th percentile, although by the 11th grade, D.C. students scored at the 34th percentile — an increase possibly explained by lower-scoring students having dropped out before reaching 11th grade.

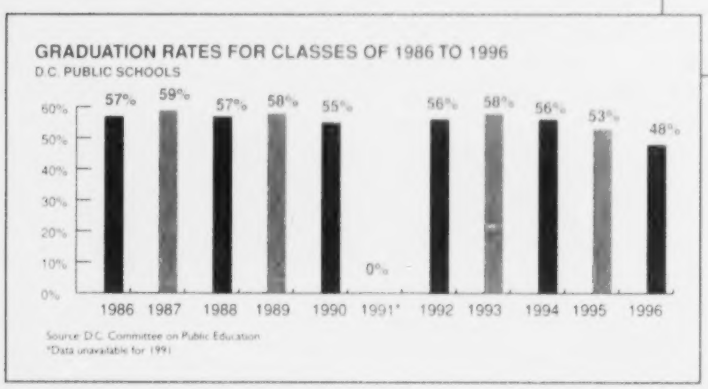
Both the 3rd and 11th grade reading scores declined between 1995 and 1996 — the 3rd grade from the 48th to the 45th percentile, and the 11th grade from the 36th to the 34th. Both were also lower in 1996 than in 1989, the 3rd grade by 5 points and the 11th grade by 3 points.

Both math and reading scores show deteriorating performance over time. Further, scores on tests of other subjects including language, science, social studies, and spelling show that students also perform above or close to the national norm in the 3rd grade but slip well below the national norm by 11th grade.




### 3. The graduation rate has dropped below 50 percent.

The graduation rate is measured by the number of 10th grade students on the rolls two years previously compared to the number of graduates. In 1995 the graduation rate was 53 percent. That is, the number of graduates in 1995 was only 53 percent of the number of tenth graders enrolled in 1993. In 1996, the rate dropped to 48 percent.

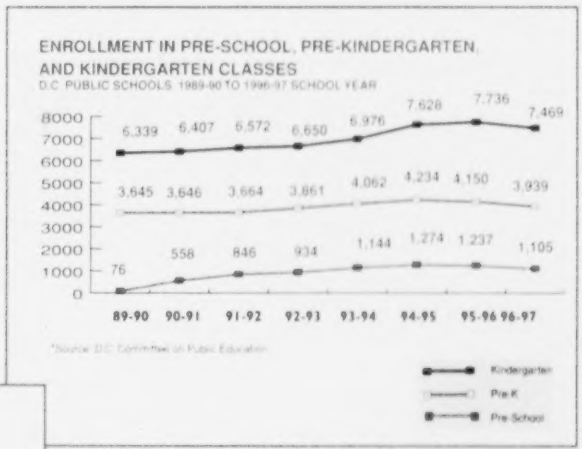



### 4. Early Childhood Education

The D.C. Committee on Public Education (COPE) reports that the D.C. Public Schools are virtually the only urban school district in the nation to offer a full-day program of early childhood education in every elementary school. The program has expanded to reach most, though not all, of the three- and four-year-olds whose parents want them to participate.

In September of 1996, the District enrolled 7,469 children in public kindergarten classes, 3,939 in pre-kindergarten, and 1,105 in pre-school classes. The figures represent a decline in all three categories since September of 1994. This may reflect the decline in births, and possibly also the loss in population during the years when these children have been reaching school age.

Before and after school care services are insufficient. Lack of resources has hampered progress in widening the availability of before- and after-school service, and many classes are overcrowded. The school system now allocates one teacher with no aide for every 17 four-year-olds, a ratio forbidden for private nursery schools under D.C. regulations.




### 5. Enrollments in Head Start Programs have plummeted since the 1992-1993 school year.

Since school year 1992-1993, when Head Start enrollments in the District totaled 2,883, they have dropped precipitously—to 2,396 in 1993-1994, and to 1,979 in 1994-1995. The two-year decrease is a total of 904 students or 31 percent.

The causes are not clear. Declining resources could be one. The rapid decrease in the District's population could be another—although official figures report that there has been a minimal loss in the D.C. Public Schools' enrollment to date.

# J. COMPARING THE WARDS

*Artist:*
Phap Do
**Age 11**
Thomson Elementary

## 1. Summary of Selected Indicators by Ward

### Ward 1

| | |
|---|---|
| Estimated 1997 Population[a] | 71,982 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 4,202 |
| Ages 5-17 Years | 10,392 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 1,306 | 2 |
| Number of Births to Unmarried Women[b] | 825 | 4 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 184 | 3 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 216 | 3 |
| Number of Low Birth Weight Babies[b] | 141 | 5 |
| Infant Mortality Rate per 1,000[b] | 13 | 6 |
| Number of Teen Deaths (All Causes)[b] | 6 | 6 |
| Number of Teen Violent Deaths[b] | 6 | 6 |

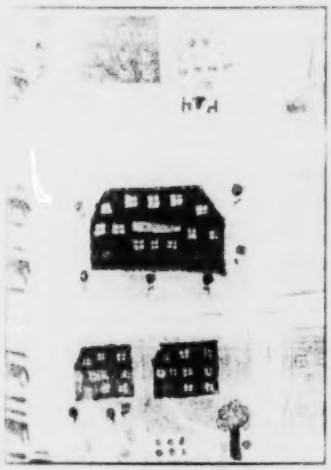
**Notes**
Population data are for 1997. All other data are for 1995.

**Sources**
[a] *District of Columbia Office of Planning/State Data Center*
[b] *District of Columbia Department of Human Services*

## Ward 2

| | |
|---|---|
| Estimated 1997 Population[a] | 75,364 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 2,753 |
| Ages 5-17 Years | 6,318 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 889 | 7 |
| Number of Births to Unmarried Women[b] | 518 | 7 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 97 | 7 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 150 | 7 |
| Number of Low Birth Weight Babies[b] | 120 | 6 |
| Infant Mortality Rate per 1,000[b] | 11.1 | 7 |
| Number of Teen Deaths (All Causes)[b] | 7 | 5 |
| Number of Teen Violent Deaths[b] | 7 | 5 |



*Artist:*
Diem Duong
Age 11
Thomson Elementary

## Ward 3

| | |
|---|---|
| Estimated 1997 Population[a] | 74,482 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 2,910 |
| Ages 5-17 Years | 7,383 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 756 | 8 |
| Number of Births to Unmarried Women[b] | 39 | 8 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 5 | 8 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 47 | 8 |
| Number of Low Birth Weight Babies[b] | 31 | 8 |
| Infant Mortality Rate per 1,000[b] | 7 | 8 |
| Number of Teen Deaths (All Causes)[b] | 0 | 8 |
| Number of Teen Violent Deaths[b] | 0 | 8 |

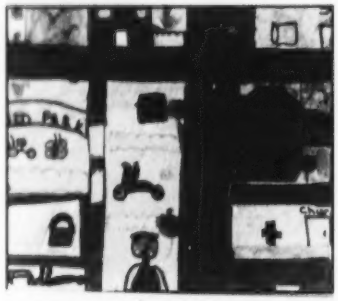
**Notes**
Population data are for 1997. All other data are for 1995.

**Sources**
[a] *District of Columbia Office of Planning/State Data Center*
[b] *District of Columbia Department of Human Services*

## Ward 4

| | |
|---|---|
| Estimated 1997 Population[a] | 69,002 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 3,721 |
| Ages 5-17 Years | 9,222 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 1,003 | 6 |
| Number of Births to Unmarried Women[b] | 620 | 6 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 138 | 6 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 166 | 6 |
| Number of Low Birth Weight Babies[b] | 116 | 7 |
| Infant Mortality Rate per 1,000[b] | 16.7 | 5 |
| Number of Teen Deaths (All Causes)[b] | 5 | 7 |
| Number of Teen Violent Deaths[b] | 4 | 7 |



Artist:
Lesleyan Lewis
Age 10
Thurgood Marshall Elementary

## Ward 5

| | |
|---|---|
| Estimated 1997 Population[a] | 67,632 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 4,097 |
| Ages 5-17 Years | 10,989 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 1,092 | 4 |
| Number of Births to Unmarried Women[b] | 829 | 3 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 187 | 3 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 210 | 4 |
| Number of Low Birth Weight Babies[b] | 183 | 3 |
| Infant Mortality Rate per 1,000[b] | 20.2 | 3 |
| Number of Teen Deaths (All Causes)[b] | 20 | 3 |
| Number of Teen Violent Deaths[b] | 18 | 2 |

**Notes**

Population data are for 1997. All other data are for 1995.

**Sources**

[a] *District of Columbia Office of Planning/State Data Center*

[b] *District of Columbia Department of Human Services*





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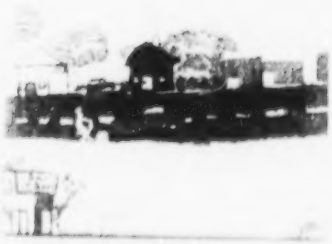
## Ward 6

| | |
|---|---|
| Estimated 1997 Population[a] | 58,761 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 3,232 |
| Ages 5-17 Years | 7,913 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 1,033 | 5 |
| Number of Births to Unmarried Women[b] | 734 | 5 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 166 | 5 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 189 | 5 |
| Number of Low Birth Weight Babies[b] | 151 | 4 |
| Infant Mortality Rate per 1,000[b] | 19.4 | 4 |
| Number of Teen Deaths (All Causes)[b] | 14 | 4 |
| Number of Teen Violent Deaths[b] | 14 | 4 |



*Artist:*
Craig Balmoris
Age 9
Amidon Elementary

## Ward 7

| | |
|---|---|
| Estimated 1997 Population[a] | 59,425 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 4,517 |
| Ages 5-17 Years | 11,509 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 1,249 | 3 |
| Number of Births to Unmarried Women[b] | 1,003 | 2 |
| Number of Births to Single Females Under 19 Years of Age[b] | 251 | 2 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 227 | 2 |
| Number of Low Birth Weight Babies[b] | 217 | 2 |
| Infant Mortality Rate per 1,000[b] | 27.2 | 1 |
| Number of Teen Deaths (All Causes)[b] | 24 | 1 |
| Number of Teen Violent Deaths[b] | 20 | 1 |

**Notes**

Population data are for 1997. All other data are for 1995.

**Sources**

[a] *District of Columbia Office of Planning/State Data Center*

[b] *District of Columbia Department of Human Services*



21

## Ward 8

| | |
|---|---|
| Estimated 1997 Population[a] | 58,379 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 6,085 |
| Ages 5-17 Years | 13,687 |

| Indicator | Figure | Rank Among Other Wards |
|---|---|---|
| Number of Births[b] | 1,621 | 1 |
| Number of Births to Unmarried Women[b] | 1,356 | 1 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 307 | 1 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 334 | 1 |
| Number of Low Birth Weight Babies[b] | 249 | 1 |
| Infant Mortality Rate per 1,000[b] | 22 | 2 |
| Number of Teen Deaths (All Causes)[b] | 23 | 2 |
| Number of Teen Violent Deaths[b] | 17 | 3 |

Artist:
Delante Marshall
Age 10
Stowe Elementary

## CITYWIDE TOTALS

| | |
|---|---|
| Estimated 1997 Population[a] | 535,027 |
| Estimated 1997 Population of Children[a] | |
| Ages 0-4 Years | 31,517 |
| Ages 5-17 Years | 77,413 |

| Indicator | Figure |
|---|---|
| Number of Births[b] | 8,993 |
| Number of Births to Unmarried Women[b] | 5,938 |
| Number of Births to Unmarried Females Under 19 Years of Age[b] | 1,336 |
| Number of Births for which Inadequate Prenatal Care Was Received[b] | 1,542 |
| Number of Low Birth Weight Babies[b] | 1,252 |
| Infant Mortality Rate per 1,000[b] | 18.2 |
| Number of Teen Deaths (All Causes)[b] | 99 |
| Number of Teen Violent Deaths[b] | 86 |

**Notes**

Population data are for 1997. All other data are for 1995.

**Sources**

[a] *District of Columbia Office of Planning/State Data Center*

[b] *District of Columbia Department of Human Services*





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## 2. Maternal and Child Health

### a. Births to Single Mothers

Ward 8 had the largest number of births to single mothers in 1995 — 1,356 or 23 percent of all such births in the District. They amounted to 84 percent of all births in that ward. Ward 7 had the second highest figure with 1,003 or 80 percent of births in that ward.

In seven of the District's eight wards, 58 percent or more of all births were to unmarried women. The sole exception was Ward 3, with five percent.

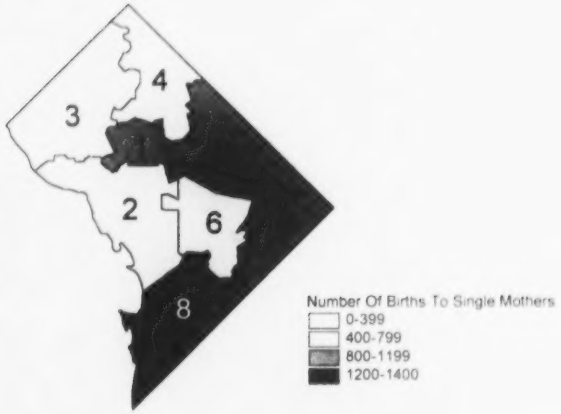
Except for Ward 8, all wards had a lower percentage of their births to single mothers than they did in 1994.

**BIRTHS TO SINGLE MOTHERS, by Ward**
District of Columbia, 1995

| Ward | Number | Percent* |
|---|---|---|
| 1 | 825 | 63 |
| 2 | 518 | 58 |
| 3 | 39 | 5 |
| 4 | 620 | 62 |
| 5 | 829 | 76 |
| 6 | 734 | 71 |
| 7 | 1,003 | 80 |
| 8 | 1,356 | 84 |
| Unknown | 14 | N/A |
| Total | | 5,938 |

* of all births in ward

*Source: D.C. Department of Human Services*




### b. Births to Single Teens

Ward 8 had the largest number of births to single teens in 1995 — 307 or 23 percent of the District-wide total of 1,335. Ward 7 was second with 251 or 19 percent. Ward 5 was the third with 187. Together these three wards had 56 percent of all such births in the District. Ward 3 (with 5) was the lowest. Second lowest was Ward 2 with 97.

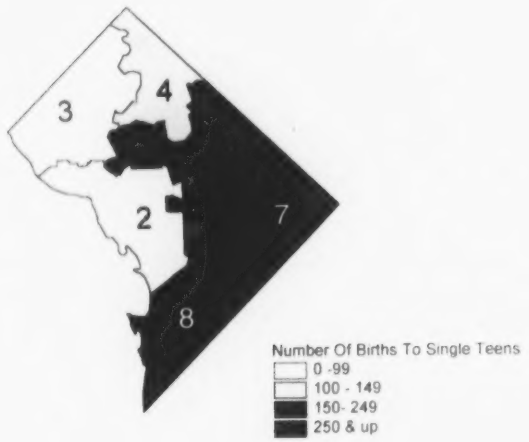
**BIRTHS TO SINGLE TEENS, by Ward**
District of Columbia, 1995

| Ward | Number | Percent* |
|---|---|---|
| 1 | 184 | 14 |
| 2 | 97 | 7 |
| 3 | 5 | ** |
| 4 | 138 | 10 |
| 5 | 187 | 14 |
| 6 | 166 | 12 |
| 7 | 251 | 19 |
| 8 | 307 | 23 |
| Unknown | 1 | N/A |
| Total | 1,336 | 100% |

*of District total

** less than 1 percent

*Source: D.C. Department of Human Services*



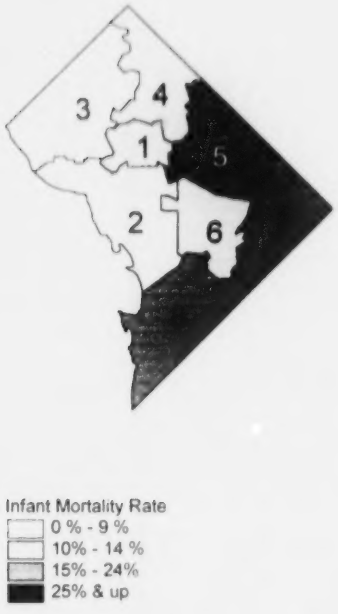
### c. Infant Mortality Rate

The highest infant mortality rate by far was for Ward 5—29.3 infant deaths per 1,000 births. In 1994, Ward 5 was ranked 3rd. Ward 7 had the second highest rate, 21.6. Ward 3 ranked third with 19.1. The lowest rate was in Ward 3—4.0 deaths per thousand. Second lowest was Ward 2, with 9.0.

**INFANT MORTALITY RATE, by Ward**
District of Columbia, 1995

| Ward | Rate |
|---|---|
| 1 | 11.5 |
| 2 | 9.0 |
| 3 | 4.0 |
| 4 | 14.0 |
| 5 | 29.3 |
| 6 | 4.5 |
| 7 | 21.6 |
| 8 | 19.1 |

*Source: D.C. Department of Human Services*



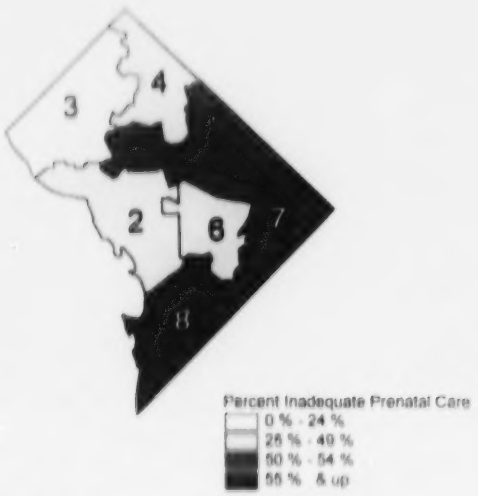

### d. Inadequate Prenatal Care

Ward 8 had the largest number of births for which inadequate prenatal care was received in 1995, at 334 or 22 percent. Ward 3 had the lowest number, 47 or 3 percent, and was substantially lower than the other wards. The remaining wards had between 10 and 15 percent each of the remaining cases.

**BIRTHS FOR WHICH INADEQUATE PRENATAL CARE WAS RECEIVED, by Ward**
District of Columbia, 1995

| Ward | Number | Percent* |
|---|---|---|
| 1 | 216 | 14 |
| 2 | 150 | 10 |
| 3 | 47 | 3 |
| 4 | 166 | 11 |
| 5 | 210 | 14 |
| 6 | 189 | 12 |
| 7 | 227 | 15 |
| 8 | 334 | 22 |
| Unknown | 3 | |
| Total | 1,542 | 100% |

*of District total
*Source: D.C. Department of Human Services*



## 2. Deaths to Teens

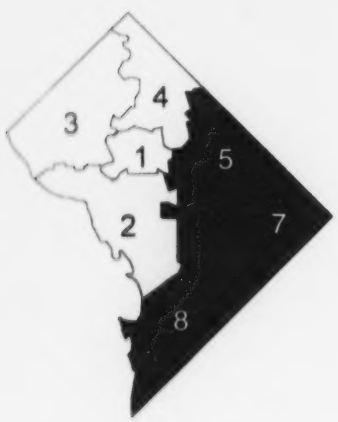
### a. Teen Deaths, All Causes

Teen deaths were concentrated in Wards 5, 7 and 8. Together, these wards accounted for two-thirds (67.6 percent) of the deaths to teens in the District. A sizeable percentage of the teen deaths also occurred in Ward 6 (14.1 percent). The number of teen deaths in other wards was considerably lower. The only ward in which no teen deaths occurred in 1995 was Ward 3.

**DEATHS TO TEENS (ALL CAUSES), by Ward**
District of Columbia, 1995

| Ward | Number | Percent* |
|---|---|---|
| 1 | 6 | 6.1 |
| 2 | 7 | 7.1 |
| 3 | 0 | 0 |
| 4 | 5 | 5.1 |
| 5 | 20 | 20.2 |
| 6 | 14 | 14.1 |
| 7 | 24 | 24.2 |
| 8 | 23 | 23.2 |
| Total | 99 | 100% |

*of District total
*Source: D.C. Department of Human Services*




Teen Deaths
0 - 6
7 - 12
13 - 18
19 - 24

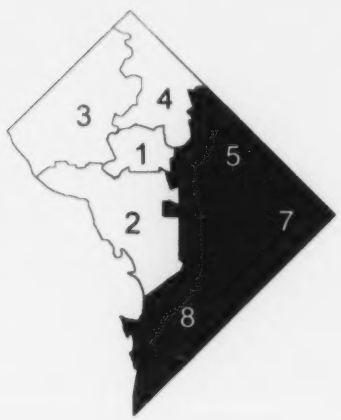
### b. Violent Deaths to Teens

Ward 7 had the largest number of violent deaths to teens in 1995 with 20 deaths. This represented 23 percent of the total for the entire city. Ward 5 had the second highest number with 18 deaths and 21 percent of the total. Ward 8 was third with 17 deaths or 20 percent, and Ward 6 stood in fourth place with 14 deaths or 16 percent of the citywide total. The remaining four wards had 17 violent deaths among them. Wards 3 had no violent deaths to teens.

**NUMBER OF VIOLENT DEATHS TO TEENS, by Ward**
District of Columbia, 1995

| Ward | Number | Percent* |
|---|---|---|
| 1 | 6 | 7 |
| 2 | 7 | 8 |
| 3 | 0 | 0 |
| 4 | 4 | 5 |
| 5 | 18 | 21 |
| 6 | 14 | 16 |
| 7 | 20 | 23 |
| 8 | 17 | 20 |
| Total | 86 | 100% |

*of District total
*Source: D.C. Department of Human Services*




Teen Violent Deaths
0 - 5
6 - 10
11 - 15
16 - 20

# II. SYSTEMS REFORM IN THE DISTRICT SINCE OUR LAST REPORT

## A. Child Welfare Reform: A Shifting Paradigm

The Child Welfare System in the District of Columbia is currently undergoing a major transformation. In accordance with the Federal Omnibus Budget Reconciliation Act (P.L. 103-66) of 1993, the District Government is shifting it's approach to child welfare from one that has been centralized and remedial in nature to one that will be community-based and preventive. The overall goal of this new approach is to place social workers, protective services, and family support services in neighborhoods where they are more accessible and responsive to the particular needs of a given community, and to construct a more flexible and comprehensive child welfare system for the city.

The vehicle through which the decentralization of child welfare services is occurring is a network of seven neighborhood collaboratives, comprised of a lead agency and a cadre of other non-profits, schools, churches, and civic and resident associations, located in areas of the city where substantiated cases of child abuse and neglect are concentrated. The objectives of these Healthy Families/Thriving Communities Collaboratives are the following:

1) to provide direct services through licensed child placement agencies and neighborhood-based family and children's service providers;

2) to build intensive family preservation services which are fluid and build on informal and formal community supports, and develop "step-down" programs;

3) to identify additional strengths and resources in the community and help link families to them; and

4) to facilitate the development of leadership and the capacity of community members and community organizations to support families and children.

Specifically, the Collaboratives will provide 24-hour crisis response, counseling, parenting education, self-help groups and other family support activities, in-home outreach, child protection services, and transportation. It is expected that the Collaboratives will collectively provide services to 250 families with approximately 500 children at a given point in time once the first phase is operational. Ultimately, the Collaboratives are expected to serve a minimum of 500 families with 1,000 children annually.

Four Collaboratives have been established to date and the remaining three are in the planning stages:

Established

***The Columbia Heights/Shaw Family Support Collaborative,*** Lead Agency: For Love of Children

***The Edgewood/Brookland Family Support Collaborative,*** Lead Agency: Beacon House Community Ministry

***The East-of-the-River Family Strengthening Collaborative,*** Lead Agency: Marshall Heights Community Development Organization

***The Far South East Family Strengthening Collaborative,*** Lead Agency: Anacostia/Congress Heights Partnership

Planned

***The North Capitol Area Healthy Families/Thriving Communities Collaborative,*** Lead Agency: Center City Community Corporation

***The Mid-Northeast Family Support Collaborative,*** Lead Agency: Healthy Babies Project

***The South Washington, West-of-the-River Family Strengthening Collaborative,*** Lead Agency: Center for Youth Services

In addition to the Collaboratives, working groups have been formed to facilitate planning and development of strategies and instruments. The working groups are a joint effort between D.C. Agenda*, Child and Family Services and the Collaboratives designed to address issues for which city-wide uniformity is necessary. The following is a list of the current working groups and their key tasks:

***Structured Decision Making:*** Development of a decision making process and instruments to be used in hotline intake, risk assessment, family needs assessment, and case planning.

***Redesigning Foster Care:*** Development of a model of neighborhood-based foster care including, role of birth parent, role of foster parent in permanency planning, recruitment, training, support, payment rates, and other administrative issues.

***Personnel and Legal Issues:*** Development of Child and Family Services staff/positions in the Collaboratives including supervision, position descriptions, work and legal requirements, scheduling, conditions of employment.

***Training, Staff Development, and Leadership Skillbuilding:*** Development of new-worker orientation and ongoing staff development needs for Child and Family Services as well as Collaborative agency staff.

***MIS, Data and Baseline:*** Address issues involving the interface of the new Child Welfare Information System and the Collaboratives.

***Interagency Agreements:*** Development of a Memorandum of Understanding with agencies/organizations involved in the Collaboratives and coordination of responses to specialized issues including child care and welfare reform.

***Public Relations:*** Development of public relations tools, convening of media training sessions for Child and Family Services and Collaborative staff.

An advantage of the Collaborative structure is the opportunity to track cases of child neglect and prevention and intervention efforts by neighborhood. (Child abuse cases are tracked through a separate system by the Metropolitan Police Department.) Currently, the number of substantiated cases of neglect are being tracked by the Collaborative areas in which they occur. The following table presents, by Collaborative, the number of neglect cases that were being managed by the In-Home Branch of the DHS Child and Family Services Agency as of December 23, 1996, and the number of addresses/families and children who were involved in substantiated cases of neglect between October 1, 1995 and September 30, 1996. These figures provide a good estimate of the number of households and children involved during the time period reported.

**D.C. Agenda has been contracted to support the Receiver's reform agenda by providing technical assistance and expanding the circle of stakeholders participating in the effort.*

## Child Neglect Cases between October 1, 1995 and September 30, 1996 by Collaborative

| Collaborative | In-Home Cases | | Substantiated Addresses | | Substantiated Children | |
|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % |
| Columbia Heights/Shaw | 344 | 11.63 | 155 | 9.66 | 386 | 8.72 |
| East of the River | 474 | 16.03 | 278 | 17.32 | 812 | 18.34 |
| Edgewood/Brookland | 198 | 6.70 | 99 | 6.17 | 298 | 6.73 |
| Far Southeast | 818 | 27.67 | 458 | 28.54 | 1334 | 30.13 |
| Mid-Northeast | 333 | 11.26 | 179 | 11.15 | 487 | 11.00 |
| North Capitol Area | 186 | 6.29 | 102 | 6.36 | 254 | 5.74 |
| South Washington, West of the River | 286 | 9.67 | 185 | 11.53 | 512 | 11.57 |
| Other Areas of the District | 318 | 10.75 | 149 | 9.28 | 344 | 7.77 |
| Citywide | 2,957 | 100 | 1,605 | 100 | 4,427 | 100 |

*Sources:*

*Child and Family Services Agency-The LaShawn General Receiver, "FY1998-FY2001 Financial Plan"*

*Child and Family Services Agency-The LaShawn Genderal Receiver, "Caring for Children: A Plan to Transform Child and Family Services"*

## B. The Status of Welfare Reform in the District of Columbia

In March of this year, welfare reform took effect in the District of Columbia in accordance with Federal legislation passed in August of 1996. The "Public Assistance Emergency Amendment of 1997" (D.C. Public Law 12-25), repealed Aid to Families with Dependent Children (AFDC) and replaced it with Temporary Assistance for Needy Families (TANF). The District regulations for TANF have not yet been written. However, the Federal legislation mandates the following:

***Time limits for cash assistance.*** Federally funded TANF benefits will be provided for a maximum of 60 months over a lifetime except in child-only households. Exemptions may be made for hardship cases and for families that include individuals who have been battered. However, exemptions may not exceed 20% of the average monthly number of recipients.

***Cooperation in the pursuit of child support.*** Individuals are required to cooperate in pursuing child support to be eligible to receive TANF. A "good cause" exemption has been included in the amendment.

***Required efforts to secure employment.*** The city must make a preliminary assessment of skills and prior work experience. Recipients must sign an individual responsibility agreement outlining specific job search or job readiness activities in which they will participate.

***Specified work activities.*** Accepted work activities include on-the-job training, community services, vocational education, subsidized public and private sector employment, unsubsidized employment, job search, and job readiness assistance. Some of these activities are time-limited.

***Special requirements for pregnant and parenting teenagers.*** Pregnant and parenting teens must reside with a parent or other responsible adult or in a second-chance home. School attendance is required if they have not received a high school diploma.

The regulations for the District of Columbia have not been finalized. However, as with the Federal legislation, the guiding principle is "work first". Thus, at the time of recertification, recipients will be required to look for a job for four weeks and make a weekly job search report to the Department of Employment Services. At the present time, Medicaid is still a benefit of public assistance, however, this is subject to change. Also, the District has not yet established a "family cap" (a maximum number of children who are eligible for support from TANF). In the fall of 1997, more legislation is likely to be passed including higher income disregards and asset allowances, extension of Medicaid to twenty-four months after the recipient has found a job, and the possible establishment of a family cap.

*Source: D.C. Action for Children*

# III. D.C. KIDS COUNT STRATEGIES AND RECOMMENDATIONS

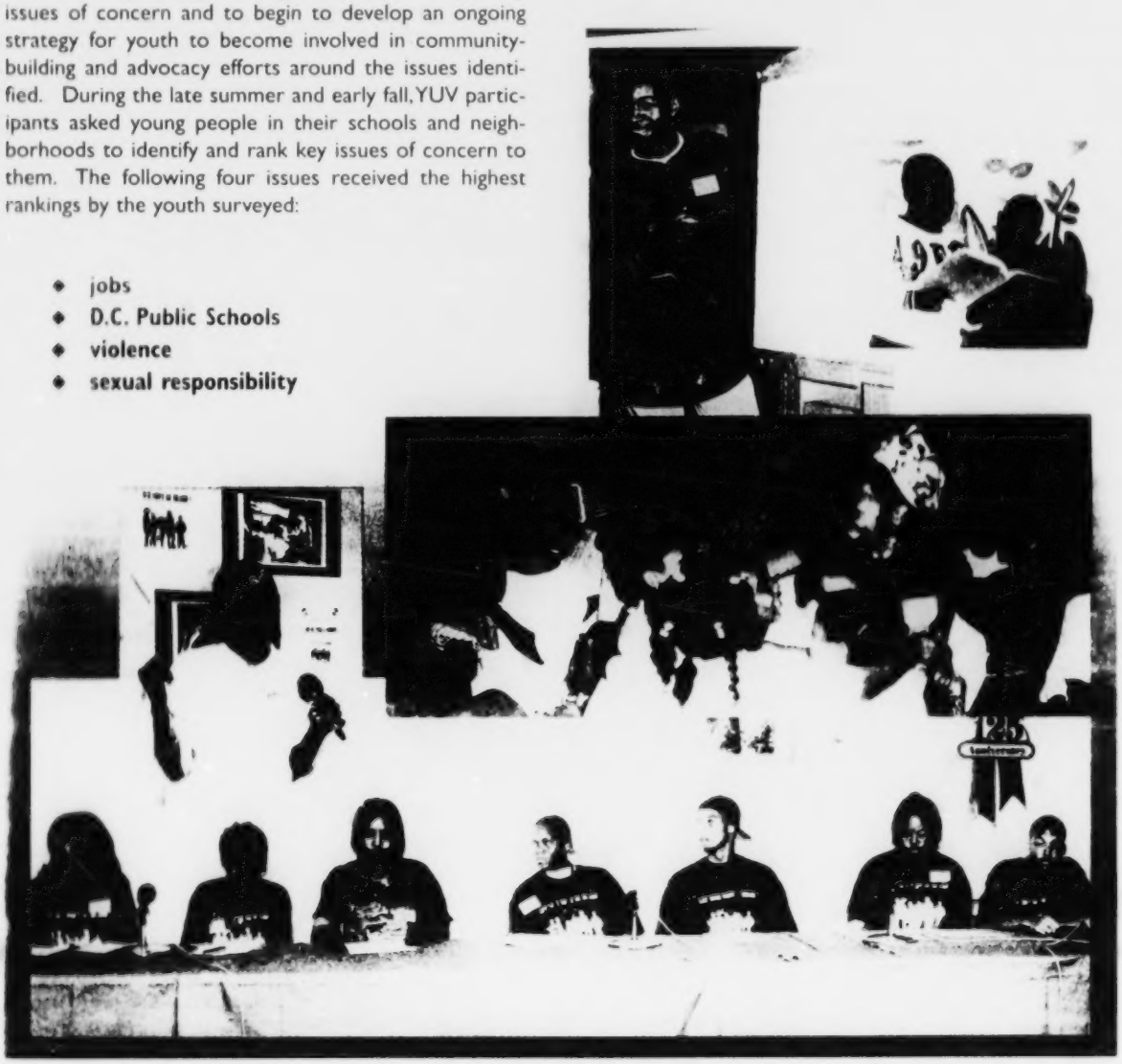
## A. Young Urban Voices of D.C. KIDS COUNT

In 1996, the KIDS COUNT Collaborative initiated a youth advocacy strategy known as "Young Urban Voices of D.C. KIDS COUNT" (YUV). In June, 1996, delegates from youth-focused organizations around the city were invited to a planning meeting to identify their priority issues of concern and to begin to develop an ongoing strategy for youth to become involved in community-building and advocacy efforts around the issues identified. During the late summer and early fall, YUV participants asked young people in their schools and neighborhoods to identify and rank key issues of concern to them. The following four issues received the highest rankings by the youth surveyed:

- **jobs**
- **D.C. Public Schools**
- **violence**
- **sexual responsibility**

In October, 1996, YUV facilitated a Speak Out, which was attended by over 60 youth, to further define these issues and make recommendations to address them. Following the Speak Out, YUV produced the premier issue of its newsletter, "Kickin' It", in which the outcomes of the Speak Out were published. "Kickin' It" was distributed to D.C. Public High Schools, child advocates, child and family service providers, and local policy makers.

In the months since the Speak Out, young people and their mentors have been organizing themselves for sustained advocacy efforts. The Collaborative sponsored a retreat in February, 1997. Several subsequent meetings have been held to this end.



## B. Recommendations

The youth participating in the Speak Out generated recommendations to address the four issues they identified as important. D.C. KIDS COUNT supports these recommendations and challenges the powers that be to adopt them as next steps in the movement to improve the lives of children in the District of Columbia. The key recommendations are summarized below:

### Jobs

- establish collaborative efforts among the academic, faith and business communities to prepare youths for jobs including providing job training through classes and after school programs, providing paying jobs and volunteer opportunities/internships, providing higher starting wages, and giving encouragement to young people
- change academic style of schools to better prepare youth for the work world
- sponsor annual job and information events
- establish business programs and organizations in each ward

### D.C. Public Schools

- establish and enforce firmer discipline for students
- raise the level of expectation for student performance
- increase the number of teachers in schools
- provide additional training for teachers
- establish a better selection and evaluation process for teachers
- offer a wider variety of courses
- improve the physical condition of the schools
- provide peer mediation/conflict resolution classes and follow-up after school programs that include parents and family members

### Violence

- improve communication between young people and police
- increase police patrols
- increase the visibility of police officers as both community residents and law enforcement official (e.g. increase their participation in safe and fun after school activities)
- provide intervention for youth and families involved in domestic abuse situations
- establish neighborhood watch programs
- provide peer mediation and conflict resolution programs to provide a safe, positive environment for youth
- increase the amount of quality time spent with youth by adults to make children feel cared for

### Sexual Responsibility

- provide mandatory human development and sexuality classes in schools beginning in the early grades
- increase direct involvement of parents, religious leaders, school officials, political leaders, and community activists in the daily lives of young persons

# IV. A WORD ABOUT THE DATA

The indicators used in this report have been selected by the KIDS COUNT Collaborative in coordination with the Annie E. Casey Foundation and cooperating Data and Program Managers in the District of Columbia Government and activists in private agencies.

The indicators must meet the following criteria: (1) be available and reliable from year to year; (2) reflect a broad view of the lives of children; (3) be outcome based rather than program oriented; and (4), wherever possible, be available by wards and preferably also by census tracts.

The data have been collected and analyzed by the Collaborative. The Collaborative relies mainly upon data from agencies of the District of Columbia and of the federal government. These sources are the final authority with regard to the quality of the data they provide.

Every effort has been made to report the most current and accurate data available for the selected indicators. Most of those in this report are for 1995 and 1996, and some are provisional at this time. We would point out that there is no uniform standard for data collection and reporting across agencies of the D.C. Government. There are variations among agencies in the availability of ward and census tract data as well as in the currency of the data. There is a need for more data at the neighborhood or small area level.

## DATA DEFINITIONS AND SOURCES

*(in alphabetical order)*

We attempt to define our indicators clearly and adequately in the text, and to indicate data sources in all tables and charts. However, if some are not clear, the definitions and sources of the indicators follow. Where we feel there are important limitations in the data, these are also stated.

A number of the indicators are stated as percentages. For those whose math is rusty, a percentage is calculated by dividing the number of occurrences of a particular need or problem by some other quantity to which it is related — often the number of possible occurrences. Then, in order to make the result a whole number rather than a decimal fraction, it is multiplied by 100. For example, to get the percentage of all births that are to unmarried mothers, we divide the number of births to unmarried mothers by the total number of births, then multiply the result by 100.

### AFDC Payments

***How Defined:*** The annual average number of children covered by AFDC payments in the most recent calendar year.

*Source: Commission on Social Services, Income Maintenance Administration, D.C. Department of Human Services.*

### Babies Born Without Adequate Prenatal Care

***How Defined:*** The annual average number and/or percent of infants born to mothers who received no prenatal care or either inadequate or Intermediate care, based on the Institute of Medicine criteria, as shown in the table below.

*Source: Research and Statistics Division, D.C. Department of Human Services.*

***Limitation(s):*** These and all other vital statistics data are not available until the second year following their collection: i.e., the latest statistics in this year's report are for 1995.

**Institute of Medicine Criteria for Adequacy of Prenatal Care**

| Category | If Gestation is (In weeks): | And Number of Prenatal Visits is at Least: |
|---|---|---|
| Adequate | 13 or Less | 1 |
| | 14 to 17 | 2 |
| | 18 to 21 | 3 |
| | 22 to 25 | 4 |
| | 26 to 29 | 5 |
| | 30 to 31 | 6 |
| | 32 to 33 | 7 |
| | 34 to 35 | 8 |
| | 36 or More | 9 |
| **And Number of Prenatal Visits is No More Than:** | | |
| Inadequate | 14 to 21 | 0 |
| | 22 to 29 | 1 |
| | 30 to 31 | 2 |
| | 32 to 33 | 3 |
| | 34 or More | 4 |
| Intermediate: | All Combinations Other Than Above | |

### Births to Single Mothers

***How Defined:*** The annual number and/or percent of births that occur to mothers who do not report themselves as married when registering for the birth.

*Source: Research and Statistics Division, D.C. Department of Human Services.*

***Limitation(s):*** These and all other vital statistics data are not available until the second year following their collection; i.e., the latest data in this year's report are for 1995.

### Births to Teenage Mothers

**How Defined:** The annual number and/or percent of births that are to women or girls between 15 and 19 years of age. Note that many of these young mothers are legally adults.

*Source: Research and Statistics Division, D.C. Department of Human Services.*

***Limitation(s):*** Vital statistics by age are normally reported for five-year age groups, e.g.; 15-19. The national Kids Count Data Books report these numbers in the same way. These and all other vital statistics (such as deaths) are not available until the second year following their collection: i.e., the latest statistics in this year's report are for 1995.

**Child Abuse and Neglect Cases**

***How Defined:*** The annual number of new cases filed with the D.C. Superior Court alleging child abuse or neglect.

*Source: The Annual Reports of the District of Columbia Courts.*

***Limitation(s):*** These are cases alleging child abuse or neglect, not verified occurrences. The D.C. Government does keep track of verified instances of child abuse; the numbers are considerably smaller. However, there may be a variety of reasons why actual abuses might not be verified. Both measures probably understate the extent of the problem. Both can probably serve better as indicators of change in the magnitude of the problem rather than as exact measures of the magnitude itself. Court statistics are not available for wards or other sub-areas of the District.

**Child Support Cases**

***How Defined:*** The annual number of new cases filed for child support in the District of Columbia.

*Source: The Annual Reports of the District of Columbia Courts*

***Limitation(s):*** Court statistics are not available for wards or other sub-areas of the District.

**Comprehensive Tests of Basic Skills**

***How Defined:*** These are national tests in which the District participates. We report the annual (May) results for the tests of math and reading skills as recorded for children in the third and eleventh grades, the grades most commonly used for comparisons. The results are reported in terms of the District's median percentile score, which shows the relative standing of its pupils compared to those in the nation as a whole. The national norm is always the 50th percentile. Percentile scores below 50 indicate that D.C. children are not performing as well as children in the nation as a whole.

*Source: D.C. Committee on Public Education (COPE).*

**Graduation Rate**

***How Defined:*** The percentage of the number of students enrolled in 10th grade who graduate three years later. Note that the graduates are not necessarily all the same children, but may include some who entered the D.C. schools after 10th grade.

*Source: D.C. Committee on Public Education (COPE).*

**Homeless Children and Families**

***How Defined:*** Those children and families who do not have a fixed, permanent, night time residence. They may be housed in shelters or in transitional housing, or may be totally without shelter.

*Source: The Community Partnership for the Prevention of Homelessness.*

**Infant Mortality Rate**

***How Defined:*** The number of deaths to infants under 1 year per 1,000 live births. Note that this is not a percentage.

*Source: Research and Statistics Division, D.C. Department of Human Services*

***Limitation(s):*** These and all other vital statistics data are not available until the second year following their collection; i.e., the latest data in this year's report are for 1995. Because the rate of infant deaths in the District represents a relatively small number of actual deaths, fairly large fluctuations in the rate from year to year have been common. These fluctuations have often been reversed the next year. Particular care should therefore be taken not to infer too much from the change in the rate for any one year.

**Juvenile Cases**

***How Defined:*** The annual number of new cases filed against juveniles (under 18) in the D.C. Superior Court.

*Source: The Annual Reports of the District of Columbia Courts.*

***Limitation(s):*** Court statistics are not available for wards or other sub-areas of the District.

**Licensed Child Care Facilities (also called Child Day Care or Child Development)**

***How Defined:*** The number of available slots or openings in licensed child care facilities in the District on a specified date.

*Source: Office of Early Childhood Development, Commission on Social Services, D.C. Department of Human Services.*

**Low Birth Weight Babies**

***How Defined:*** The annual number of babies born at weights under 5 1/2 pounds or 2,500 grams.

*Source: Research and Statistics Division, D.C. Department of Human Services*

***Limitation(s):*** These and all other vital statistics data are not available until the second year following their collection; i.e., the latest data in this year's report are for 1995.

**Paternity Cases**

***How Defined:*** The number of new cases alleging paternity filed with the D.C. Superior Court.

*Source: The Annual Reports of the District of Columbia Courts*

***Limitation(s):*** Court statistics are not available for wards or other sub-areas of the District

**Teen Violent Deaths**

***How Defined:*** The annual number of deaths from violent causes (accident, murder, legal intervention, or suicide) to persons aged 15 to 19.

*Source: Research and Statistics Division, D.C. Department of Human Services*

***Limitation(s):*** These and all other vital statistics data are not available until the second year following their collection; i.e., the latest data in this year's report are for 1995). Since these data were not collected until five years after the last Census, and since we do not have what we regard as a good estimate of the population aged 15 to 19 in the District as of 1995, we do not attempt to report a rate based on population, but only the actual number.

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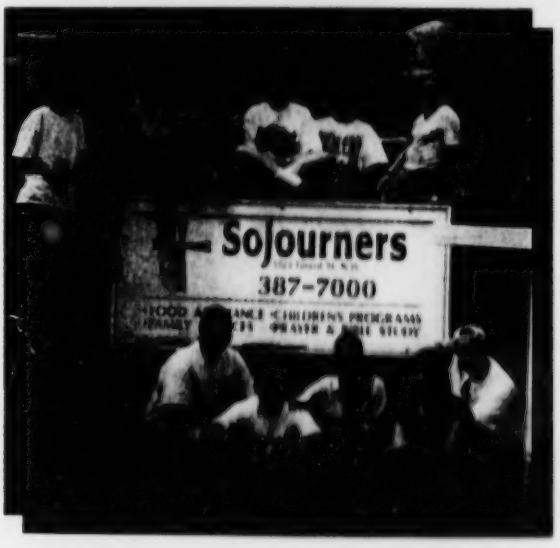

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